

Pain Diary

Name _____

	Describe situation	Sensation (0-10)	Describe sensation	Distress (0-10)	Describe distress	Action taken or medications
Monday Date: _____ Time 1: _____ Time 2: _____ Time 3: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	Total: _____ Average: _____	_____ _____	Total: _____ Average: _____	_____ _____	_____ _____	_____ _____
Tuesday Date: _____ Time 1: _____ Time 2: _____ Time 3: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	Total: _____ Average: _____	_____ _____	Total: _____ Average: _____	_____ _____	_____ _____	_____ _____
Wednesday Date: _____ Time 1: _____ Time 2: _____ Time 3: _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
	Total: _____ Average: _____	_____ _____	Total: _____ Average: _____	_____ _____	_____ _____	_____ _____